

State:	Arkansas	Filing Company:	Presidential Life Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Life		
Project Name/Number:	MIB Authorization Change/		

Filing at a Glance

Company:	Presidential Life Insurance Company
Product Name:	Life
State:	Arkansas
TOI:	L08 Life - Other
Sub-TOI:	L08.000 Life - Other
Filing Type:	Form
Date Submitted:	11/16/2012
SERFF Tr Num:	PRES-128774599
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	MIB AUTHORIZATION CHANGE
Implementation	
Date Requested:	
Author(s):	Diana Barbas, Geralyn Farm, Darlene Sanchez
Reviewer(s):	Linda Bird (primary)
Disposition Date:	11/28/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State:	Arkansas	Filing Company:	Presidential Life Insurance Company
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General Information

Project Name: MIB Authorization Change

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 11/28/2012

State Status Changed: 11/28/2012

Deemer Date:

Created By: Darlene Sanchez

Submitted By: Darlene Sanchez

Corresponding Filing Tracking Number:

Filing Description:

At the request of the Medical Information Bureau (MIB, Inc.), the authorization section of our life insurance reinstatement application (shown below) has been revised to include the following language:

"I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB."

Form Number: 421 (REV. 9/93)

Approval Date: 10/20/2008

Tracking Number: PRES-125854905

No other changes were made to the application. Please acknowledge receipt of this filing.

Company and Contact

Filing Contact Information

Darlene Sanchez,
69 Lydecker Street
Nyack, NY 10960

dsanchez@presidentiallife.com
845-358-2300 [Phone] 260 [Ext]
845-704-1643 [FAX]

Filing Company Information

Presidential Life Insurance
Company

CoCode: 68039

State of Domicile: New York

69 Lydecker Street
Nyack, NY 10960

Group Code:

Company Type:

Group Name:

State ID Number:

Nyack, NY 10960

FEIN Number: 13-2570714

(845) 358-2300 ext. 224[Phone]

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Filing or review of life application.
Per Company:	No

Company Tracking #: MIB AUTHORIZATION CHANGE

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Company	Amount	Date Processed	Transaction #
Presidential Life Insurance Company	\$50.00	11/16/2012	64988136

SERFF Tracking #:	PRES-128774599	State Tracking #:		Company Tracking #:	MIB AUTHORIZATION CHANGE
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/28/2012	11/28/2012

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Disposition

Disposition Date: 11/28/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Certification		Yes
Supporting Document	Explanation for Insurance Regulators (MIB Letter)		Yes
Form	APPLICATION FOR REINSTATEMENT		Yes

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Form Schedule

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		APPLICATION FOR REINSTATEMENT	421 (REV. 9/93)	AEF	Initial		0.000	421 (REV. 9-93) generic.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Presidential Life Insurance Company
69 Lydecker Street • Nyack, New York 10960

APPLICATION FOR REINSTATEMENT

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND PROPERLY SIGNED
(PLEASE PRINT)

Policy No. _____ Amount paid with this application \$ _____
Name of Owner _____
Name of each Insured _____
Name of Payor Insured (if applicable) _____

PLEASE ANSWER EACH QUESTION BELOW FOR ALL INSURED(S) COVERED BY THE POLICY HAS ANY INSURED UNDER THIS POLICY OR ANY ATTACHED RIDER, SINCE THE DATE OF THIS POLICY:

- 1. Consulted or been treated by any physician or practitioner or had any physical impairment, sickness, operation, mental disorder or injury?
- 2. A. Height _____ Ft. _____ In. B. Weight _____ Pounds
- 3. Smoked cigarettes or used tobacco in any other form in the past 12 months?
- 4. Used barbiturates, heroin, cocaine, marijuana or any other illegal, restricted, or controlled substance except as prescribed by a physician? If Yes, when and how often?
- 5. a. Been advised to limit or cease the use of alcoholic beverages?
b. Been counseled, sought help or treatment, or been advised to undergo counseling or treatment for alcohol problems?
- 6. Had a driver's license restricted, revoked or suspended?
- 7. Engaged or intend to engage in hang gliding, racing, mountain climbing, skin, scuba or sky diving? If Yes, complete Hazardous Activities Questionnaire.
- 8. Taken within five years or intend to take flights other than as a fare-paying passenger on scheduled airlines? If Yes, complete Aviation Questionnaire.
- 9. Been convicted of a felony or misdemeanor within the past 10 years?
- 10. Applied for new or reinstatement of insurance? (If Yes, give details - companies; amounts; types of insurance; whether pending, issued, refused, postponed, limited or rated).
- 11. Been diagnosed by or received treatment from a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?

Table with 3 main columns: FIRST INSURED, SECOND PAYOR INSURED, CHILDREN. Each column has sub-columns for Yes and No, and rows 1 through 11.

EXPLAIN ANY "YES" ANSWERS; INDICATE QUESTION #, NAME OF INSURED AND SHOW DISORDER, DATE OF ONSET AND RECOVERY, NAME AND ADDRESS OF PHYSICIAN, CLINIC OR HOSPITAL. IF CHILDREN COVERED, LIST NAMES OF CHILDREN BORN OR ADOPTED SINCE DATE POLICY WAS ISSUED. (USE REVERSE SIDE IF NECESSARY)

I agree that any reinstatement of this Policy, as granted by the Company upon this application and any supplements thereto, copies of which shall be attached to and made a part of the reinstated policy, shall be contestable at any time within two years from the date of the approval hereof. I hereby declare that all the above statements are full, complete and true to the best of my knowledge and belief.

Signed at _____ this _____ day of _____ 20 _____
(Witness - not a beneficiary) OWNER
SECOND INSURED (if Joint Policy) INSURED

AUTHORIZATION - A photo copy of this authorization shall be as valid as the original, which shall be valid for 30 months. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB, Inc. ("MIB"), or other organization, institution or person that has any records or knowledge of me or my health to give Presidential Life Insurance Company or its reinsurers any such information. This includes data related to drugs, alcoholism or mental illness. It also includes data obtained in connection with the preparation of an investigative consumer report as defined under the Fair Credit Reporting Act(s) and referred to elsewhere in this application. I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB. To expedite the collection of data, I authorize all such sources, except MIB, to give the data to any agency employed by Presidential Life Insurance Company to collect and transmit such data. I further authorize Presidential Life Insurance Company to prepare or obtain any investigative consumer report in connection with this application; if a consumer report is prepared, I elect to be interviewed: [] Yes [] No I am aware that I am entitled to receive a copy of this authorization form.

Date _____ INSURED (or Owner)
SECOND INSURED (if Joint Policy)
PAYOR INSURED

421 (REV. 9/93)

NOTICE WITH REGARD TO MIB, INC.
DETACH AND KEEP FOR YOUR RECORDS

MIB Disclosure Notice
Information regarding your insurability will be treated as confidential. Presidential Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formally known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.
Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.
Presidential Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

Signed at _____ this _____ day of _____ 20_____

OWNER _____

INSURED

— — —

We are required to tell you that a consumer report about you and any other person proposed for insurance may be made; this is in connection with and is a normal part of our processing of your application. The people making the report will talk to your friends, neighbors, family members, co-workers and others having knowledge of you; they will ask about your business and personal life. You have a right to ask us in writing whether such a report was prepared; we must give you the name and address of the Agency which made the report, if any. The Agency will give you a copy of the report if you ask them for it. All information collected by us either from you or other sources may in certain circumstances be disclosed to third parties without authorization more specific than as set forth in this application. You have a right of access and correction with respect to the data, except that which relates to claim or civil or criminal proceeding; or to medical record information. Medical record information may be accessed by a medical professional you designate. Our Underwriting Department will provide a more detailed review of our information practices if you request it.

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	This is the application. Please see the Filing Description under the General Information tab for what was previously approved, provide the Form number and date of approval		

		Item Status:	Status Date:
Satisfied - Item:	Certification		
Comments:			
Attachment(s):			
Certification by State AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Explanation for Insurance Regulators (MIB Letter)		
Comments:			
Attachment(s):			
Explanation for Insurance Regulators.pdf			

SERFF Tracking #:	PRES-128774599	State Tracking #:		Company Tracking #:	MIB AUTHORIZATION CHANGE
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TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	Life				
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Attachment Explanation for Insurance Regulators.pdf could not be reproduced here for the following reason: No message found for trailer.not.found



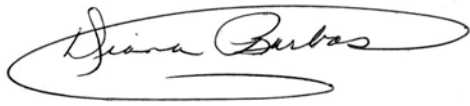
PRESIDENTIAL LIFE INSURANCE COMPANY

69 Lydecker Street
Nyack, NY 10960
(845) 358-2300
www.presidentiallife.com

Certification

Form Number: 421 (REV. 9/93)

I, Diana Barbas, certify that the only change being made to the form is the MIB authorization language.



First Vice President
November 13, 2012

Arkansas